



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BAPTIST HEALTH FLOYD

City of Hospital: New Albany

Year Begin: 09/01/2020 (mm/dd/yyyy format)

Year End: 08/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Jessica Williams

Email Address: jessica.williams1@bhsi.com

Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |              |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue   | \$757327231  |
| Outpatient Patient Service Revenue  | \$1109844113 |
| Total Gross Patient Service Revenue | \$1867171344 |

2. Deductions From Revenue

|                       |              |
|-----------------------|--------------|
| Contractual Allowance | \$1546259284 |
| Other Deductions      | \$25342392   |
| Total Deductions      | \$1571601676 |

3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$295569667 |
| Other Operating Revenue     | \$7403610   |
| Total Operating Revenue     | \$302973277 |

4. Operating Expenses

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$92209420  | Employee Benefits | \$24199139  |
| Depreciation and Amortization | \$17723347  | Interest Expense  | \$658       |
| Bad Debt                      | \$268659    | Other Expenses    | \$164602431 |
| Total Operating Expenses      | \$299003654 |                   |             |

5. Net Revenue and Expenses

|                                   |           |                   |             |
|-----------------------------------|-----------|-------------------|-------------|
| Excess Revenue over Expenses      | \$3969623 | Total Assets      | \$224205159 |
| Net Non-operating Gains over Loss | \$-113678 | Total Liabilities | \$4846194   |

|                 |           |
|-----------------|-----------|
| Total Net Gains | \$3855945 |
|-----------------|-----------|

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$642135674           | \$562180223           | \$79955451                    |
| Medicaid         | \$252069023           | \$202087811           | \$49981212                    |
| Other Government | \$36916451            | \$32340906            | \$4575545                     |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$936050196           | \$774992737           | \$161057459                   |
| Total            | \$1867171344          | \$1571601677          | \$295569667                   |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$46085.47                  | \$-46085.47             |

Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$8731.23                  | \$118931.14                 | \$-110199.91            |

Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$175917                    | \$-175917               |

|   |      |
|---|------|
| Number of Medical Professionals Trained                 | \$0  |
| Number of Hospital Patients Educated                    | 1087 |
| Number of Citizens Exposed to Health Education Messages | 7744 |

Statement Six: Charity Statement

|                          |             |
|--------------------------|-------------|
| Hospital Charity Charges | \$385448.15 |
|--------------------------|-------------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$55409                |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$55409                | \$-55409                       |
| Medicaid Shortfalls       | \$49981212            | \$57079590             |                                |
| Subtotal                  | \$49981212            | \$57134999             | \$-7153787                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$49981212            | \$57134999             | \$-7153787                     |
| Medicare Shortfalls       | \$79955451            | \$85208948             |                                |
| Other Government Programs | \$4575545             | \$5130051              |                                |
| Total                     | \$134512208           | \$147473998            | \$-12961790                    |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$183902                    | \$-183902               |
| Community Assessment | \$0                        | \$7985                      | \$-7985                 |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$1215404                   | \$-1215404              |

Comments

This is for Baptist Health Floyd's 2021 Fiscal submission

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